

**Office of the Secretary of the State
Connecticut State Board of Accountancy**



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Quality Review Reschedule and Waiver Form

NAME _____ FIRM NUMBER _____

RESCHEDULE REQUEST

Presently scheduled year of review by the State Board _____

Proposed rescheduled year of review _____

Date of Prior Review _____

Copy of the last Quality Review report attached

Reason for reschedule _____

WAIVER REQUEST

_____ The firm does not engage in financial reporting areas of practice, including audits, compilations and reviews

_____ The firm does not intend to engage in any of said financial reporting areas of practice during the next year.

The firm agrees to notify the Board of Accountancy if we begin to engage in the financial reporting area of practice immediately upon acceptance of a single audit engagement, or review engagement or compilation engagement.

Signature

I do hereby swear under penalty of false statement that the above information is true and correct.

Signature _____ Date _____